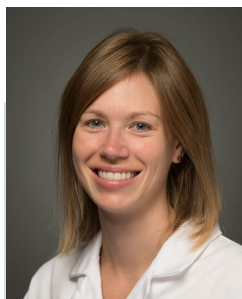


HPV Genotyping



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Beginning on December 19, 2018, the Microbiology Laboratory will perform HPV genotyping on Endocervical ThinPrep specimens using the Hologic Aptima HPV Genotyping assay. We will no longer send out endocervical/cervical HPV genotyping testing to Mayo Medical Laboratories. Vaginal ThinPrep specimen requests for HPV/genotyping will continue to be sent to Mayo Medical Laboratories.

The Aptima HPV 16, 18/45 genotype assay is a nucleic acid amplification test for the qualitative detection of E6/E7 viral messenger RNA (mRNA) of human papillomavirus (HPV) types 16, 18, and 45 in cervical specimens from women with Aptima HPV assay positive results. The Aptima HPV 16, 18/45 genotype assay can differentiate HPV 16 from HPV 18 and/or HPV 45, but does not differentiate between HPV 18 and HPV 45.

Based on recommendations from the American Society for Colposcopy and Cervical Pathology, the use of HPV genotype-specific testing for HPV16 or HPV16/18 is recommended only for the management of HPV-positive, cytology-negative women (≥ 30 year old). No other clinical indications have sufficient evidence to recommend HPV genotype-specific testing for HPV16 or HPV16/18. Therefore, only HPV positive samples that are cytology negative from women ≥ 30 years of age will be tested if requested⁽¹⁾.

Reference

1. Debbie Saslow, Diane Solomon, Herschel W. Lawson, Maureen Killackey, Shalini L. Kulasingam, Joanna Cain, Francisco A. R. Garcia, Ann T. Moriarty, Alan G. Waxman, David C. Wilbur, Nicolas Wentzensen, Levi S. Downs, Mark Spitzer, Anna-Barbara Moscicki, Eduardo L. Franco, Mark H. Stoler, Mark Schiffman, Philip E. Castle, Evan R. Myers; American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer, *American Journal of Clinical Pathology*, Volume 137, Issue 4, 1 April 2012, Pages 516–542, <https://doi.org/10.1309/AJCPTGD94EVRSJCG>

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***Flu Testing on Outpatients:** Per CDC guidance, testing for influenza does not need to be performed on all patients with sign and symptoms of influenza to make antiviral treatment decisions. A clinical diagnosis can be made for outpatients with suspected influenza, especially during times of peak activity in the community (usually late December – March in the Northeast). If treatment is clinically indicated, antiviral treatment should **NOT** be withheld from a patient with suspected influenza waiting test results as antiviral treatment is most efficacious if given as soon as possible. Patients who should be treated empirically in an outpatient setting include patient >65 years or <2 years of age, pregnant women, people with comorbidities that place them at high risk (chronic lung disease, heart disease, renal disease, metabolic disease, hematologic disease, and neurologic disease), immunosuppression, morbid obesity, American Indians or Alaskan Natives, and residents of chronic care facilities. Molecular testing is the most appropriate for hospitalized patients for isolation and treatment purposes. Some rapid antigen tests have been reclassified by the FDA as of February 2017, so current testing may not meet regulations. Based on CDC guidelines the Pathology and Laboratory Medicine group does not support point of care influenza testing.

REFERENCE

<https://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm>

FOR MORE INFORMATION

Contact Laboratory Customer Service or email the Lab Ambassadors for clinical questions.

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